



GOVERNMENT  
OF THE  
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION  
RADIATION PROTECTION  
899 North Capitol Street, N.W., 2nd Floor  
WASHINGTON, D.C. 20002

SUPPLIERS OF MEDICAL AND DENTAL X-RAY EQUIPMENT/HEALTH PHYSICS SERVICES

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_____ Name of Firm or Person		_____ Telephone Number
_____ Street Address		_____ Certificate Number (if applicable)
_____ City	_____ State	_____ Zip Code

We hereby request a license in accordance with the District of Columbia's Radiation Protection Regulations (Section B.4)

☐ Make                      ☐ Sell                      ☐ Lease                      ☐ Lend                      ☐ Install

☐ Transfer and/or    ☐ Repair                      ☐ Provide Health Physics Services\*    ☐ Medical X-ray Equipment  
and/or ☐ Dental X-ray Equipment

\*(Provide a copy of your curriculum vitae)

We represent the following manufactures of X-ray equipment: ☐ Not applicable (Self representation)

☐ Continental    ☐ Fischer    ☐ General Electric    ☐ Hitachi    ☐ Kelekette- CGR

☐ Philips                      ☐ Picker    ☐ Profexray                      ☐ Ritter    ☐ Siemens

☐ Standard                      ☐ Toshiba    ☐ Universal                      ☐ Weber    ☐ Westinghouse

☐ S.S. White    ☐ XRM    ☐ Other:\_\_\_\_\_

This request is for a:    ☐ Permanent    ☐ Temporary (\_\_\_\_\_months) License.

_____ Date signed	Signature _____
	Name (typed or printed) _____
	Title _____